

Raktapitta with Reference to Thrombocytopenia - A Conceptual Study

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ABSTRACT

Raktapitta is a bleeding disorder caused by raktapitta and pitta dushti. Its Samprapti includes various hetu leading to bleeding tendency. The lakshanas of Urdhwaga, Adhoga, and Ubhaymargag Raktapitta show a close resemblance to the symptoms developed by thrombocytopenia. Thrombocytopenia is a common medical emergency and carries significant mortality. The ancient diagnostic, prognostic, and management methods of Raktapitta need to be studied along with the contemporary medical methods of Thrombocytopenia. So, the present study covers the causative factors, premonitory symptoms, symptoms, and pathogenesis of Raktapitta W.S.R to Thrombocytopenia.

KEYWORDS

Raktapitta; Bleeding disorder; Thrombocytopenia

INTRODUCTION

Raktapitta is a bleeding disorder wherein the blood (Rakta) vitiated by Pitta flows out of the orifices (openings) of the body [1]. This disease entity is included in forty nanatmaj vyadhis of pitta dosha. It is also included in the list of Raktaj Vyadhis. This disease is categorized as Mahagada or Maharoga as its attacks are severe and acute like that of fire. Charakacharya has described it in the chapter immediately after Jwar as it arises due to the result of Santapa, which is Pratyatma Lakshana of Jwar. But Sushruta Acharya has described it after discussing Pandu Roga due to their common causative factors.

Thrombocytopenia is a clinical entity in which the platelet count in the blood decreases below the normal level, consequently manifesting bleeding disorders like spontaneous hemorrhages. The manifestations further include petechiae, bruises, malaise, fatigue, generalized weakness, etc. The normal platelet level in adults is between 150,000/mm³ and 450,000/mm³. Platelet counts below 50,000 mm³ increase the risk of dangerous bleeding from trauma; counts below 20,000/mm³ increase the risk of spontaneous bleeding [2].

All the signs and symptoms of thrombocytopenia can be equated with those of Raktapitta, which is vividly elaborated in Ayurvedic texts. The lakshanas of Urdhwaga,

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Adhoga, and Ubhaymargag Raktapitta show a close resemblance to the symptoms developed by thrombocytopenia.

Nidan

All hetus described in classical books are divided into the following groups: Aaharjanya Hetu (Dietary factors), Viharjanya Hetu (Behavioral factors), Manas Hetu (Factors dependent on mental condition), Nidanarthkar roga (sequelae of other disease).

Aaharjanya Hetu

Rasapradhanya (Amla, Lavan, Katu ras), Gunapradhanya (Tikshna, Ushna), Karmapradhanya (Vidahi, Abhishyandi), Viruddhannasevan.

Viharaj Hetu

Atapsevan, Ativyayam, Ativyavyaa, Adhwa.

Manasik Hetu

Mental conditions like krodha (Anger), shoka (sorrow), bhaya (fear), etc. are responded Sible for vitiation of Rajadosha which in turn vitiates Pitta and Rakta both.

Nidanarthakar Rog

Disease conditions that are capable of initiating disease and subsequently subsiding themselves or might continue along with are called Nidanarthakar rog. Jwar is said to be the Nidanarthakar rog of Raktapitta [3].

Purvarupa

Anorexia (Anannabhilasha), Burning in the stomach after ingestion (bhuktasya vidaha), Amlodgar, Tiktodgar, vomiting after ingestion, Mental irritation of vomiting, Swarbheda, Burning sensation, Generalised body ache, Smog from the mouth, Breath smells of iron, blood or meat, Reddish, the greenish or yellowish occurrence of organs, stool, urine, sweat, saliva, mucous coming out of mouth nose and ear. Vertigo, Exhausting sensation, cannot

differentiate between blue, red and yellow color, Dreams of articles with blue, yellow, gray color [4].

Rupa

Bleeding from natural orifices is a symptom of Raktapitta. Symptoms according to doshas by Charakacharya are:

Vatik

The color of blood coming from natural orifices is blackish and red with an increase in fluidity.

Paittik

In this color of blood is like reddish black decoction or gomutra or like smoke in the Indian kitchen, like anjana or mechak i.e rainy frog- yellowish.

Kaphaj

Blood is viscous, sticky, oilish with a white tinge. When Rakta is vitiated with two doshas the mixed symptoms are noted i.e. **sanshrishta** & when Rakta is vitiated by all 3 doshas i.e. **sannipatik** symptoms of all doshas are seen.

BASED ON THE DIRECTION OF BLEEDING

Urdhvaga Raktapitta

In which the bleeding of contaminated or vitiated blood takes place in the upward directions and from upward passages or orifices i.e. from Mukha (mouth), Karna (ears), Akshi (eyes), Nasa (nostrils). Here the causative attributes are Snigdha and Ushna guna which vitiates the combination of Kapha and Pitta. We can correlate the Nose bleeds, bleeding from the gums, Heametemesis and Hemoptysis which are present in Thrombocytopenia as the involvement of Kapha in its pathology.

Adhoga Raktapitta

In which the bleeding of contaminated or vitiated blood takes place in the downward directions and from downward passages or orifices i.e., from Guda, Yoni, Mootramarga. Here the attributes are Rooksha and Ushna Guna which causes vitiation of Vata and Pitta. In Adhoga Raktapitta,

symptoms of Thrombocytopenia like Menorrhagia, Hemorrhagic ovarian cyst, Ulcerative colitis, Hemorrhagic Diarrhea, Proctitis, and Crohn’s disease indicates the involvement of Vata Dosha in Raktapitta.

Ubhaya or Tiryak

When all the Doshas are vitiated and are circulating in the bloodstream, the manifestation is subcutaneous. Easy Bruising, petechiaeal hemorrhage, and hematoma in the subject of Thrombocytopenia, can be considered under this category due to the involvement of all Tridoshas. Along with this, as there is the involvement of the spleen here in Thrombocytopenia, due to excess sequestration and production of antibodies against platelets there will be splenomegaly [5].

Samprapti

Explained in Figure 1.

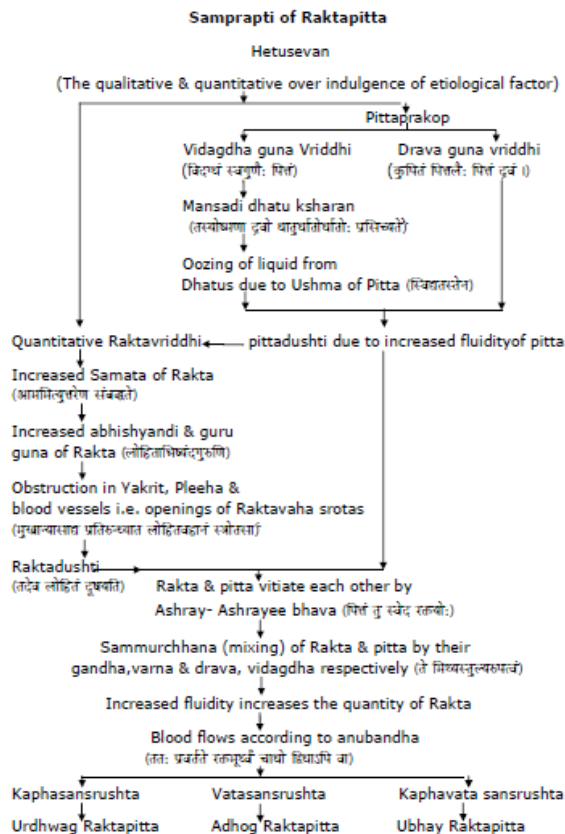


Figure 1: Samprapti of raktapitta.

Chikitsa

Threefold management is advocated by acharyas.

Nidan Parivarjan

If the etiological factors of Raktapitta are properly traced, they should strictly be avoided as they are capable of worsening the disease.

Shaman

The patients who have lost physical strength are to be treated by suitable shaman modalities, which are, Santarpan/Apatarpan

In Urdhvaga Raktapitta

Tarpana should be given in the beginning, In Adhoga Raktapitta, Peya should be given in the beginning.

Shodhan

Vaman

Best treatment modality for Adhog Raktapitta.

Virechan

Best treatment modality for Urdhwag Raktapitta.

Basti

When the patient of Raktapitta is bleeding per rectum Ashthapana & AnuVasan basti can be given. Basti should be prepared with madhur and sheeta dravyas; kshir mixed with Ghruta & tail (siddha tail) basti can be given as Asthapan & AnuVasan respectively [7].

Nasya

In case of Urdhwag Raktapitta flowing out through either of the paths - Mukha, Nasa, Karna or Akshi Avapeedak nasya is used. Following drugs are mentioned in grantha for avapeedak nasya-Stanya, Godugdha, Ikshurasa, Draksha, Ghrut, Trapusmoola Rasa, Sharkara Jal, Dadimpushpa,

Amrapatra, Doorva, Palandumoola Rasa, Yavasamoola Rasa [8].

Raktamokshan

Acharya Sharangdhara has given a list of diseases when Raktamokshana should be done. It includes yakrutdosha, pleehadosha, visarpa, vidradhi, pitika, pak in ears, lips, nose, and mouth, shiroruja, upadansha & Raktapitta.

Bahya Prayoga

Abhyanga, Lepa, Parishechana, Seka, Avagaha, Sheeta Upachara.

Thrombocytopenia

As already discussed, platelet count below 1,50,000 mm³ is designated as thrombocytopenia. At this level, the mild bleeding tendency may start but bleeding becomes pronounced when the platelet count falls below 50,000/mm³. Severe bleeding occurs when platelets fall below 20,000/mm³.

CAUSES OF THROMBOCYTOPENIA

Impaired Platelet Production

Aplastic anemia, Selective hypoplasia of megakaryocytes or inhibition of platelet production by antibodies. Dyshaemopoietic states like Megaloblastic Anaemia, Myelodysplasia. Myelophthisic conditions e.g. Acute and chronic leukemia, lymphoma, myelofibrosis, disseminated carcinoma, and multiple myeloma. Alcohol consumption.

Accelerated Platelet Destruction

Idiopathic (immune) Thrombocytopenic Purpura. Chronic or acute secondary immune thrombocytopenia following viral infections, systemic lupus erythematosus, lymphoma, chronic lymphatic lymphoma, acquired hemolytic anemia, HIV infections, and others. Drugs: Sedormide, quinine, quinidine, para-aminosalicylic acid, sulphonamides, rifampicin, digoxin, streptomycin, alpha methyl dopa, heroin, carbimazole, chloramphenicol, tetracycline,

phenylbutazone, cyclosporine. Sequestration of platelets: Splenomegaly, giant haemangioma, arteriovenous fistuale.

Excessive consumption of platelets

Disseminated intravascular coagulation.

Dilutional Thrombocytopenia

Transfusion of massive quantities of stored blood poor in platelets, exchange transfusion, cardiopulmonary surgery.

Rare Causes of Thrombocytopenia

Thrombotic thrombocytopenic purpura, Haemangioma, Idiopathic cryoglobulinaemia, Food allergy, Post transfusion thrombocytopenia, Postpartum thrombocytopenia.

The signs and symptoms of thrombocytopenia can be correlated with those of Raktapitta (Figure 2).

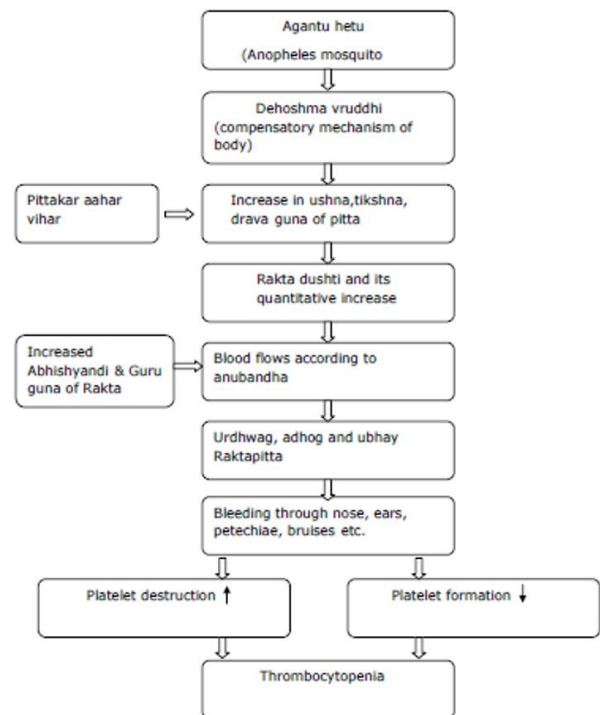


Figure 2: Signs and symptoms of thrombocytopenia.

DISCUSSION

The importance of blood is described in our ancient texts. Blood disorders have to be focused upon primarily to reduce

further complications. Great care should be taken to maintain its quality and quantity. Raktapitta is Mahagada or Maharoga as its attacks are severe and acute. So as discussed above Raktapitta should be diagnosed and treated as quickly as possible without any delay.

CONCLUSION

Proper assessment should be done of Raktapitta patient having excess dosha who is weak and on a normal diet.

Shodhan and langhan are advised in patients who are strong with excess Kapha, Pitta, Rakta, and Mala. In case of Raktapitta as any form of Thrombocytopenia Raktadhatu should be protected to every extent. Severity depends upon the cause and the blood loss, it can be assessed by the degree of shock and pallor, rapid thready pulse, low blood pressure, repeated vomiting of blood. Prognosis from this condition will depend upon the underlying cause and the clinical state of the patient

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